

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3363ALZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2010
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY ALZ CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6428 CRYSTAL DEW LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 4/30/10 through 5/13/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 10. Eleven resident files were reviewed and five employee files were reviewed. Three discharged resident files were reviewed.</p> <p>Complaint #NV00024614 was substantiated. See Tag Y0087.</p>	Y 000		
Y 050 SS=F	<p>449.194(1) Administrator's Responsibilities-Oversight</p> <p>NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.</p>	Y 050		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 087	Continued From page 2 records (MARs), admission and discharge records, it was noted that on 3/12/10, there were 10 residents residing in the facility. An eleventh resident was admitted on 3/13/10. This caused the facility to be over census by one resident. During an interview on 4/30/10, the facility's administrator stated that the facility was over census by one resident in March of 2010 for fifteen days. Severity: 3 Scope: 3	Y 087			
Y 100 SS=A	449.200(1)(a) Personnel File - Employee Info NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to provide a separate personnel file for 1 of 5 employees (Employee #5). This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 1 Scope: 1	Y 100			
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis	Y 103			

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Y 103	Continued From page 3 NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure 2 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #3 and #4). This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 2 Scope: 2	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure 3 of 5 caregivers met background check requirements within 10 days of hire (Employee #3, #4 and #5).	Y 105			

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Y 859	Continued From page 5 resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure that 5 of 11 new residents received a physical prior to admission (Resident #1, #4, #8, #10 and #11). The facility failed to ensure that 2 of 3 residents, living in the facility for longer than a year, received an annual physical (Resident #1 and #7). This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 2 Scope: 3	Y 859			
Y 876 SS=B	449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by:	Y 876			

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Y 876	Continued From page 6 Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure that an ultimate user agreement was obtained for 3 of 11 residents (Resident #1, #2 and #4). This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 1 Scope: 2	Y 876			
Y 896 SS=F	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure the medication administration record (MAR) was accurate for 10 of 10 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). Severity: 1 Scope: 3	Y 896			
Y 899 SS=C	449.2744(2) Medication Administration	Y 899			

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Y 930	Continued From page 8 the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on record review on 5/13/10, the facility failed to maintain a separate resident file for 1 of 10 residents (Resident #2). This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 1 Scope: 1	Y 930			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure 7 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1, #2, #3, #4, #7,	Y 936			

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Y 936	Continued From page 9 #8 and #10) which affected all residents. This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 2 Scope: 3	Y 936			

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